STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return 1997 RESIDENT

	AND	(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100) WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM		E) AMD	UNP	008 PNT	INT	
PΕ	Nam	e (If joint return, give first names and initials of both)	L	ast Name		Your social s	ecurity nu	mber
BEL OR TY								
₹₽	C/O					Spouse's socia	I security	number
井	Droo	ent mailing or home address (Number and street, inclu	ding apartment number of	rural rauta)		Vour	ccupation	
SE STATE RWISE PRII	FIES	ent mailing of nome address (Number and street, inclu	ding apartment number of	rurai route)		1 Out O	Joupation	
$\supset \Box$	City,	town or post office, State and ZIP code				Spouse's	occupation	on
		·					·	
		LECTION Do you want \$2 to go to the Hawaii	Election Campaign Fund	?	⁄es		te: Checking	
CAN		GN FUND If joint return, does your spouse wa					duce your refu	
	1	Single	•	ck only ONE bo	ox)			
G US	3	Married filing joint return (even if only one had inc Married filing separate return. Enter spouse's so	,	d full name here	•			
AT A	4	Head of household (with qualifying person). If the	•					
S		not your dependent, enter this child's name here.	>					
	5	Qualifying widow(er) with dependent child (Year s	spouse died 19 •).				
•	Cau			(such as your pa	arents'),			
JENE	60	do not check box 6a, but be sure to check the	ne box below line 11.			Enter number of	of →	
7	6a 6b					boxes checked		
	0.0				J	on 6a and 6b		
NS	6с	Dependents: If more than 6	2. Dependent's social		4. No. of month			
	and 6d	dependents, use 1. First and last name attachment	security number	3. Relationship	lived in your home in 1997	of your children	ີ 6c	
EXEMPTIONS	Ju						,	
□ X						Enter number of other	_	
						dependents	6d	
5								
ACE						Add numbers		_
4	6e	Total number of exemptions claimed				_ entered in boxes above	6e	
		Total number of stampacine claimed				OUND TO THE N	EAREST [OLLAR
HEN	7	Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, se	ee item 5 on page 10 of Instruction	ns)		7●		00
	8	Interest income (complete Part I on page 2 if over \$400)				8●		00
ONDER	9	Dividends (complete Part II on page 2 if over \$400)						00
	10	Unemployment compensation (insurance)						00
	11 Caut	Add lines 7, 8, 9 and 10ion: If you can be claimed as a dependent on	another person's return.	Adjusted Gross	s Income >	11•		00
INCOME	-	see page 10 of the Instructions and check	k here		➤ • □			
NCO		 If you are married filing separately and you see page 8 of the Instructions. 	our spouse itemizes dedu	ctions,				
	12	Standard deduction. 1, enter \$1,50						
		If you checked filing status box: 2 or 5, enter 3, enter \$950				_		
5		4, enter \$1,65	50					00
INCOME		Line 11 minus line 12. (This line MUST be filled in)				13•		00
4	14	Multiply \$1,040 by the total number of exemptions claimed a healt applicable box(sa)	•					00
	15	or disabled, check applicable box(es) ● Yourself Line 13 minus line 14. Enter the result (but not less the	· · · · · · · · · · · · · · · · · · ·	-				00
	13	Line 15 minus inte 14. Linei tile lesuit (but 110t less ti	iaii 2610)	I axable	, moonie /	13"		00

Continue on other side Continue on other side

CAUTION: You may NOT file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

FORM N-13 (REV. 1997) Page 2

Name of Payer Amount Name of Payer 1 1 1 2 Total. Add above amounts. 3 Nontaxable distributions. (See Instructions for adjustment to basis). 4 Total dividend income (line 2 minus line 3). Enter here and on Form N-13, line 8 (Whole dollars only). 16 Tax. Check if from ☐ Tax Table; or ☐ Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000. 17 Energy Conservation Tax Credit (attach Form N-157). 18 Line 16 minus line 17 (but not less than zero) 19 Total Hawaii income tax withheld. 19 Amount paid with extension(s). 19 Food Tax Credit (attach Schedule X). 19 Gredit for Low-Income Household Renters (attach Schedule X). 19 Gredit for Child and Dependent Care Expenses (attach Schedule X). 19 Medical Services Excise Tax Credit (attach Schedule X). 19 Medical Services Excise Tax Credit (attach Schedule X). 19 Medical Services Excise Tax Credit (attach Schedule X). 10 Mame of Payer 1 10 10 10 10 10 10 10 10 10	Amount
2 Total. Add above amounts	
Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only)	
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Have Investment Income of More Than \$1,000	1 00
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17 Energy Conservation Tax Credit (attach Form N-157)	00
18 Line 16 minus line 17 (but not less than zero)	00
19a Total Hawaii income tax withheld	
19b Amount paid with extension(s)	
19c Food Tax Credit (attach Schedule X)	
DHS, etc. exemptions ●	
19d Credit for Low-Income Household Renters (attach Schedule X)	
19e Credit for Child and Dependent Care Expenses (attach Schedule X)	
19f Medical Services Excise Tax Credit (attach Schedule X)	
19g Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	
20 Add lines 19a through 19g	00
21 If line 20 is larger than line 18, enter the amount to be REFUNDED TO YOU (line 20 minus line 18)	00
22 If line 18 is larger than line 20, enter the AMOUNT YOU OWE (line 18 minus line 20). DO NOT include the penalty	
22 If line 18 is larger than line 20, enter the AMOUNT YOU OWE (line 18 minus line 20). DO NOT include the penalty and interest for the late filing of your return; see page 12 of the Instructions. Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1997 Form N-13" on it 22.	
amount payable to "Hawaii State Tax Collector." Write your social security number and "1997 Form N-13" on it 22●	00
23 Estimated tax penalty. (see page 12 of Instructions) Also include on line 21 or 22, whichever applies 23	
	_
24 If you do not need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here, and you will receive a pre-	eprinted label only > •
DECLARATION	
clare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has b	neen examined by m
l, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pu	
ome Tax Law, Chapter 235, HRS.	
 > >	
Your signature Date Spouse's signature (if filing jointly, BOTH must sign)	Date
Preparer's Preparer's social security nu	umher
Your signature Date Spouse's signature (if filing jointly, BOTH must sign) Preparer's Signature Preparer's social security nu Preparer's name (or yours) Federal F.I. No.	Check if
Preparer's and date	and amplement
Information Firm's name (or yours if self-employed) and Federal E.I. No. ➤	self-employed ➤

ZIP Code >

REMINDERS:

- Check your arithmetic.
- Don't forget to sign your return. If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, etc.)
- File early using the preaddressed envelope if you received one.

address